Application Data She t

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: Not Yet Assigned

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: LINCOMYCIN DERIVATIVES

POSSESSING ANTIBACTERIAL ACTIVITY

Attorney Docket Number:: 342312004920

Request for Early Publication?:: No Request for Non-Publication?:: No

Total Drawing Sheets:: None

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jason

Middle Name:: G.

Family Name:: LEWIS

City of Residence:: Hayward

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 2939 Kelly Street

City of mailing address:: Hayward

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94541

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Dinesh

Middle Name:: V.

Family Name:: PATEL

City of Residence:: Fremont

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 45109 Cougar Circle

City of mailing address:: Fremont

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Anandan

Middle Name:: S.

Family Name:: KUMAR

City of Residence:: Fremont

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 45109 Cougar Circle

City of mailing address:: Fremont

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status::

Full Capacity

Given Name::

Mikhail

Middle Name::

F.

Family Name::

GORDEEV

City of Residence::

South San Francisco

State or Province of Residence::

CA

Country of Residence::

US

Street of mailing address::

270 East Grand Avenue

City of mailing address::

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Postal or Zip Code of mailing address::

94080

Correspondence Information

Correspondence Customer Number::

25226

Representative Information

Representative Customer Number::

25226

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/642,807	08/15/03
10/642,807	An application claiming the benefit under 35 USC 119(e)	60/403,770	08/15/02

Assignee Information

Assignee name::

VICURON PHARMACEUTICALS INC.

Street of mailing address::

34790 Ardentech Ct.

City of mailing address::

Fremont

State or Province of mailing address::

CA

Postal or Zip Code of mailing address::

94555